

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160

District of _____

Town of Miami

County Registrar No. 575

or _____

Local Registrar No. _____

City of _____

No. Miami Insp. Hospital
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Virgil A. Little

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth Feb. 14, 1926
Month Day Year

5. No., in order of birth _____

8. FATHER
Full name Jimmie Little

14. MOTHER
Full maiden name Estelle Parnell

9. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.

10. Color or race Cauc.

16. Color or race Cauc.

11. Age at last birthday 28 (Years)

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Stephenville, Texas
(State or country)

18. Birthplace (city or place) Stephenville, Texas
(State or country)

13. Occupation
Nature of industry Millman

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 1:30 A. M. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Brown, M.D.
(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____

Filed Apr 7, 1926 P. E. Iron
Local Registrar.

Registrar _____

Filed _____, 19____ County Registrar.

535-314-573